

08-19-03

3761

PTO/SB/82 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	10/027,394
Filing Date	12/21/2001
First Named Inventor	Robert O. Becker
Art Unit	3761
Examiner Name	Unknown
Attorney Docket Number	

#6
OK
12/9/

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

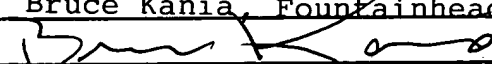
☐ I hereby appoint the practitioners at Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Antoinette M. Tease, P.L.L.C.				
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Bruce Kania, Fountainhead LLC		
Signature			
Date	8/14/2003	Telephone	(800) 450-1088

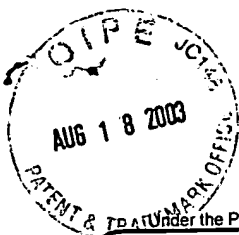
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/027,394
Filing Date	12/21/2001
First Named Inventor	Robert O. Becker
Title	Treatment Devices*
Art Unit	3761
Examiner Name	Unknown
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Antoinette M. Tease	53680

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☒ Firm or Individual Name Antoinette M. Tease, P.L.L.C.

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Telephone (406) 591-3689 Fax (406) 657-2006

I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Bruce Kania, Fountainhead LLC

Signature

Date 8/14/2003

Telephone (800) 450-1088

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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*Providing Targeted Antimicrobial Action